

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	S.B	895	01-16-02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4-24-02
2	✓	✓	4-16-02
3	✓	✓	4-16-02
4	✓	✓	4-16-02
5	✓	✓	4-16-02
6	✓	✓	4-16-02
7	✓	✓	4-16-02
8	✓	✓	4-16-02
9	✓	✓	4-16-02
10	✓	✓	4-16-02
11	✓	✓	4-16-02
12	✓	✓	4-16-02
13	✓	✓	4-16-02
14	✓	✓	4-16-02
15	✓	✓	4-16-02
16	✓	✓	4-16-02
17	✓	✓	4-16-02
18	✓	✓	4-16-02
19	✓	✓	4-16-02
20	✓	✓	4-16-02
21	✓	✓	4-16-02
22	✓	✓	4-16-02
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25	✓	✓	4-16-02
26	✓	✓	4-16-02
27	✓	✓	4-16-02
28	✓	✓	4-16-02
29	✓	✓	4-16-02
30	✓	✓	4-16-02
31	✓	✓	4-16-02
32	✓	✓	4-16-02
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42	✓	✓	4-16-02
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45	✓	✓	4-16-02
46	✓	✓	4-16-02
47	✓	✓	4-16-02
48	✓	✓	4-16-02
49	✓	✓	4-16-02
50	✓	✓	4-16-02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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01-16-02